

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040940

FILED
Feb 05, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA INJURY & REHABILITATION CENTER, INC.

Current Principal Place of Business:

8719 SUMMERVILLE PLACE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8719 SUMMERVILLE PLACE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 83-0423632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FADEM, JEROLD J SR, MD
8719 SUMMERVILLE PLACE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FADEM, JEROLD J SR.
Address: 2648 WEST STATE ROAD 434 SUITE C
City-St-Zip: LONGWOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEROLD J. FADEM, SR.

D

02/05/2011

Electronic Signature of Signing Officer or Director

Date